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| **https://tinyurl.com/ycag48hs2 week Urgent Referral for Suspected Head & Neck Cancer (*ex*cluding Thyroid)** |
|  | v4.6 EMIS Web December 2016 |

Please email to   **PCC2wwOxford@nhs.net** and request a Read Receipt when sending

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| Patient’s details | Patient’s background and culture |
| Surname | Surname  | Ethnicity | Ethnic Origin      |
| Forename | Given Name  | 1st language | Main Language      |
| Known as | Calling Name  | Interpreter required? Y [ ]  N [ ]  |
| DOB | Date of Birth  | Age | Age  |  |
| Sex | Gender  | GP details |
| Title | Title | Referring GP  |       |
| Address & postcode | Home Full Address (single line)  | GP address | Organisation NameOrganisation Full Address (single line)  |
|  |  | GP Tel no | Organisation Telephone Number  |
| NHS No | NHS Number  | GP Fax no  | Organisation Fax Number  |
| Hospital No | Hospital Number  | Practice Email | Organisation E-mail Address  |
| Home tel  | Patient Home Telephone  | Referral date | Short date letter merged  |
| Work tel | Patient Work Telephone | Date received |       |
| Mobile tel | Patient Mobile Telephone  |  |  |
| Email | Patient E-mail Address  |  |  |
| Patient’s preferred contact number | [ ]  Home | [ ]  Work | [ ]  Mobile |
| Patient agrees to telephone message being left? | [ ]  Yes | [ ]  No  |  |
| Dentist details (if known) |
| Name |       | Telephone |       |
| Practice |       | Fax |       |

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| **2ww referral communication checklist** **it is essential that you answer all questions in this section** |
| I have explained to the patient that they may have cancer and I am referring them on the 2 Week Wait Suspected Cancer Pathway | [ ]  Yes | [ ]  No – why not?  |
| Is the patient available for an appointment within the next 14 days? | [ ]  Yes | *NB. Please only submit this referral when the answer is* ***Yes*** |
| Has the patient been given the Fast Track Pathway information leaflet?Information leaflets can be printed from here <https://tinyurl.com/ycag48hs> | [ ]  Yes | [ ]  No – why not?  |
| **IMPORTANT:****Please ensure this patient is available from referral for further hospital appointments and investigations.****Failure to check this may result in wasted appointments.****If the patient cannot attend immediately (e.g. booked travel) please negotiate a delay in referral.** **Please indicate any exceptional circumstances here**  |
| I have explained to the patient that, to ensure they are seen within 14 days, appointments may be offered at either Oxford or Banbury | [ ]  Yes | [ ]  No – why not?  |
| **Once cancer has been excluded the patient will be referred back to you, their GP**, other than in exceptional circumstances where immediate onward referral is deemed clinically necessary by the secondary care clinician |

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| **Referral Criteria** |
| Your patient is **Age** old |
| Salivary Gland | Suspected cancer; please give details        | [ ]  |
| Maxillary Sinus | Suspected cancer; please give details        | [ ]  |
| Nasal | Suspected cancer; please give details        | [ ]  |
| Post Nasal Space | Suspected cancer; please give details        | [ ]  |
| Oral | **For Oral symptoms NICE recommends urgent dentist referral first but****if not practical, use 2-week wait pathway if concerned** |
| Ulceration in oral cavity > 3 weeks | [ ]  |
| Persistent lump in neck | [ ]  |
| Lump on lip or oral cavity | [ ]  |
| Red, or red and white, patch in oral cavity | [ ]  |
| Neck | Suspected cancer; please give details        | [ ]  |
| Larynx | Age 45 and over with persistent unexplained hoarseness  | [ ]  |
| Age 45 and over with unexplained lump in neck | [ ]  |
|  |  |  |
| Tonsil/tongue base | Unilateral sore throat | [ ]  |
|  | Unilateral Otalgia | [ ]  |
|  | Tonsillar enlargement/ulceration | [ ]  |

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| **Management of patients who are receiving anticoagulation**Information required to allow the most patients to move ‘straight to test’ prior to OPAFailure to supply this information may delay their progress and result in unnecessary appointments |
| This patient IS NOT anticoagulated | [ ]  |
| This patient IS anticoagulated with |  |
| Reason for anticoagulation |  |
| Had an INR of On |      (Date) |
| History of bleeding disorder |  |

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| **Please add a referral letter / additional information for clinical use**(please highlight any significant comorbidities)Failure to provide clinical information may result in delayed treatment  |
| **[ ]**  | **Please tick here if you are sending any additional documents**The referral narrative should be typed onto this form, not in a separate letter |
| **[ ]**  | **Please tick here if the patient *does not meet* the 2 week wait criteria** but you feel they still warrant urgent investigation under this pathway, and outline the details below This referral will then be triaged by the specialist prior to acceptance |
| **Please type your clinical referral here:** |

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| **Additional patient information** |  |
| **Coded data** | **Manually entered if not autopopulated** |
| Specific Codes Table: FH: Neoplasm - \*...  | Family history of any cancer       |
| Smoking  | Never smoked |  [ ]  |
|  | Past smoker |  [ ]  |
|  | Current smoker |  [ ]  |
| Alcohol Consumption  | Alcohol consumption       units per week |

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| **Performance Status Key**(to be **completed by GP** to assist provider with booking an appropriate clinic appointment)Failure to provide this information may lead to a wasted appointment |
| **Fully active**, able to carry on all pre-disease performance without restriction | **0** | **[ ]**  |
| **Restricted in physically strenuous activity** but ambulatory and able to carry out light/sedentary work, e.g. house or office work | **1** | **[ ]**  |
| Ambulatory and capable of self care, but **unable to carry out work activities** Up and active > 50% of waking hours | **2** | **[ ]**  |
| **Capable of only limited self care**. Confined to bed or chair >50% of waking hours | **3** | **[ ]**  |
| **Completely disabled**. Cannot carry out any self care. Totally confined to bed or chair | **4** | **[ ]**  |

Consultations

Problems

Medication

Allergies